

WFE

[illegible]

TRANSMITTAL FORM (to be used for all correspondence with the Office)	Attorney Docket No	CE11438JME (9640/131)	RECEIVED CENTRAL FILE CENTER JAN 05 2005
	Application Number	10630.408	
	Filing Date	JULY 30, 2003	
	First Named Inventor	HABIB A. AMIRZADEH	
	Group Art Unit	2675	
Examiner	XIAO, KE		

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Response to Office Action Dated November 4, 2004 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/Declaration(s)	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Raising Slip (PTO/SB/88) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
		<input type="checkbox"/> Notice of Appeal
		<input type="checkbox"/> Proprietary Information
		<input type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Status Letter		<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Extension of Time Request (duplc)		<input type="checkbox"/>
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art		<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		<input type="checkbox"/>
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any uncollected fees which have not otherwise been paid to Deposit Account No. <u>50-1713</u> . A duplicate copy of this sheet is enclosed.

BEST AVAILABLE COPY

	Claims After Amendment		Highest No Previously Paid For	Present Extra
Total	22	Minus	21	1
Inexp		Minus		0
First Presentation of Multiple Dep. Claim				

Rate	Add'l Fee
A \$25=	0
A \$100=	0
+ \$160=	—
total add'l fee	\$ 0

or

Rate	Add'l Fee
1 x \$50=	50
x \$200=	
+ \$360=	
total add'l fee	\$ 50

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or individual name	FRANK C. NICHOLAS Registration No. 33,983 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
DIGGS Signature	00000001	101713 10630408	Date January 5, 2005
50.00 DA		CERTIFICATE OF FACSIMILE	
I hereby certify that this correspondence is being transmitted by facsimile to (703) 872-9314 to the U.S. Patent and Trademark Office on this date:			January 5, 2005
Signature	FRANK C. NICHOLAS (33,983)		Date January 5, 2005

PATENT APPLICATION FEE DETERMINATION-RECORD

Effective January 1, 2003

Application or Docket Number

10/630408
96407131

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	* 1
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

01-05-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 22	Minus ** 21	= 1
Independent	* 3	Minus *** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	18
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	768

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	50
X42=		OR	X84=	0
+140=		OR	+280=	0
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	150

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.